

**RECEIVED
PEACE OFFICER**

NOV 10 2009

**TRAINING COMMISSION
FRANKLIN, OHIO**

RICHARD CORDRAY
OHIO ATTORNEY GENERAL



Print Form

**RECEIVED
PEACE OFFICER**

NOV 2 3 2009

**TRAINING COMMISSION
LONDON, OHIO**

NOTICE OF PEACE OFFICER APPOINTMENT

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable. Complete pages one and two for a new appointment.
 Complete only page one for a status change. Email, Fax or Mail this document within 30 days of the appointment or status change.
 For Correction to Record information, enter correct information on this form and send a letter explaining the changes.

OFFICER INFORMATION		1. Name (Last) STEWART (First) CHRISTINA (Middle) Dawn 2. Social Security Number [REDACTED]	
3. Alias (Last) N/A		4. Birth date (mm/dd/yyyy) 08/06/1973	
5. Email Address [REDACTED]		6. Home Mailing Address (#Street/PO Box) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip Code) [REDACTED] (County Name) [REDACTED]	
7. Training Academy (Academy Name) (Only complete if this is the officer's first appointment) EASTERN Ohio Law Enforcement Training Academy		(Academy Number) 04-079 (Dates of Training) 02/15/2009 - 09/09/2009	
AGENCY INFORMATION		8. Agency Name AMSTERDAM POLICE DEPT	
9. Agency Email Address N/A		10. Agency Phone Number 740-543-3777	
11. Agency Mailing Address (#Street/PO Box) 103 SPRINGFIELD ST / P.O. BOX 115		(City) AMSTERDAM (Zip Code) 43903 (County Name) JEFFERSON	
APPOINTMENT INFORMATION (check the appropriate boxes)			
13. Appointment Date 10/21/2009		12. <input checked="" type="checkbox"/> New Appointment <input type="checkbox"/> Status Change	
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special 737.051)	
<input type="checkbox"/> Sheriff (311) <input type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Township Constable (509.01)	
<input type="checkbox"/> Village Chief (737.15) <input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161) <i>over per Chief 10/21/09</i>	
<input type="checkbox"/> Other (Indicate the correct ORC/Charter Number _____)			
ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR			
15. Signature of Law Enforcement Agency Administrator Gary Pepperlin		16. Name and Title Gary Pepperlin	
NOTARY		17. Date 10-21-09	
Sworn to and subscribed before me this 21st day of OCTOBER , 2009 in the county of Jefferson , Ohio.			
Ruth Ann Gerine Signature of Notary		My commission expires June 24, 2013	
Affix Seal Here			



Officer Name (Last)
STEWART(First)
CHRISTINA(Middle)
DANIELSocial Security Number
[REDACTED]

18. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Christina Stewart

Signature of Appointee

10-21-09

Date

Gary Pepperling

Signature of Appointing Authority

Gary Pepperling Mayor

Name of Appointing Authority and Title (Type or Print Legibly)

10-21-09

Date

OHIO PEACE OFFICER APPOINTMENT HISTORY

Use additional pages if needed to complete the entire work history.

19. Appointed By (Agency Name and County):	20. From(mm/dd/yyyy):	To(mm/dd/yyyy):
21. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
22. Appointed By (Agency Name and County):	23. From(mm/dd/yyyy):	To(mm/dd/yyyy):
24. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
25. Appointed By (Agency Name and County):	26. From(mm/dd/yyyy):	To(mm/dd/yyyy):
27. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
28. Appointed By (Agency Name and County):	29. From(mm/dd/yyyy):	To(mm/dd/yyyy):
30. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
31. Appointed By (Agency Name and County):	32. From(mm/dd/yyyy):	To(mm/dd/yyyy):
33. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

SF400adm Revised 08/05/2009

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